

Rec'd PCT/PTO 18 FEB 2002

PTO/SB/07 (08-00)

Approved for filing 10/31/2002. OMB 0651-0032

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# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

(For use with Form PTO/SB/06)

Application Number

Filing Date

Applicant(s)

James Oliver Dolly, et al.

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
101				1		
102			1			
103			1			
4						
5						
6						
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47						
48			1			
49			1			
50			1			
Total Indep			5			
Total Depend			1			
Total Claims			6			

  

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51				3		
52				3		
53				3		
54				3		
55				3		
56				3		
57				3		
58				3		
59				3		
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61				3		
62				3		
63				2		
64				2		
65				3		
66				3		
67				3		
68				3		
69				2		
70				3		
71				2		
72				3		
73				2		
74				3		
75				2		
76				3		
77			1			
78			1			
79				2		
80				2		
81				2		
82				2		
83				2		
84				2		
85				2		
86			1			
87			1			
88				1		
89				2		
90			1			
91			1			
92			1			
93				1		
94				4		
95				9		
96			1			
97				1		
98			1			
99				1		
100				1		
Total Indep			9			
Total Depend			106			
Total Claims			115			

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